

Barrington Recreation Department

105 Ramsdell Ln. Barrington, NH 03825

603-664-5224



Program Scholarship Application

Barrington Recreation is committed to ensuring that all participants have the opportunity to be active and receive the benefits of participation in our program regardless of race, economic status and/or physical limitations. Barrington Recreation Financial Assistance Program is available to Barrington residents seeking to participate in our recreation programs who are in need of financial assistance. Scholarships may be for all or a portion of the program fee, depending on ability to pay. *Financial income may be requested. All requests are confidential.*

Applicant's Name: _____
Physical Address: _____
Parent/Guardian Name 1: _____
Parent/Guardian Name 2: _____
Phone Number: _____
E-mail Address: _____

Name of program for which you seek assistance: _____

Cost of Program: \$ _____ **How much of this can you afford?** \$ _____

What is the amount of assistance that you are requesting? \$ _____

[Youth]: Is your household enrolled within the SAU74 Free and Reduced lunch program? Yes No
If yes, please clarify if you receive free or reduced and amount of reduction and provide letter of approval.

[Adult]: Do you currently receive assistance through the state? Ex: CAPS or TANF Yes No
If yes, please clarify what services you are currently receiving and statement of benefits.

Do you receive fuel assistance? Yes No

Any other information that would be helpful to determine your eligibility? _____

I hereby acknowledge that all the information given on this application is accurate. Additional documentation may be requested to provide proof of financial income and additional assistance being provided. Financial assistance is granted at the discretion of Barrington Recreation with the support of our welfare department. Financial assistance is not guaranteed. It is awarded solely on the basis of need without regard to race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age, disability, or genetic information. Assistance is awarded for a single program and is not guaranteed for future seasons. Award amounts may be less than the amount requested, if so, you will be responsible for the remaining fees.

Signature of Applicant/Parent/Legal Guardian

Date

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Date: _____ Amount: \$ _____ Approved by: _____